

916

Record of AUO Hours Worked

NAME MONTE, EUGENE J		SSN# 464256084		PP# 10		FOR PERIOD FROM 05/10/09		TO 05/23/09	
POSITION TITLE APAIC		%AUO 25%		REGION		SECTOR RGV		STATION WESLACO STATION	
DATE	DAILY TOUR DUTY HOURS		AUO HRS WORKED			EXCL DAYS		REASON FOR AUO HRS WORKED OR ABSENCE	
Sun	HOURS								
05/10/09								ADOD	
Mon	HOURS	8							
05/11/09	0700	1500	1500	1800	3.00			ADMINISTRATIVE DUTIES	
Tue	HOURS	8							
05/12/09	0700	1500	1500	1800	3.00			ADMINISTRATIVE DUTIES	
Wed	HOURS	8							
05/13/09	0700	1500	1500	1800	3.00			ADMINISTRATIVE DUTIES	
Thu	HOURS	8	1100	1500				Annual Leave - 4 hours	
05/14/09	0700	1100							
Fri	HOURS	8							
05/15/09	0700	1500				X		Annual Leave	
Sat	HOURS								
05/16/09								ADOD	
Sun	HOURS								
05/17/09								ADOD	
Mon	HOURS	8							
05/18/09	0700	1500				X		Annual Leave	
Tue	HOURS	8							
05/19/09	0700	1500				X		Annual Leave	
Wed	HOURS	8							
05/20/09	0700	1500				X		Annual Leave	
Thu	HOURS	8							
05/21/09	0700	1500				X		Annual Leave	
Fri	HOURS	8							
05/22/09	0700	1500				X		Annual Leave	
Sat	HOURS								
05/23/09								ADOD	
TOTAL	=80 hours	32	9.00			6			

Certified True and Correct:

Eugene Montes, Jr.
Eugene Montes, Jr.
Employee Signature

Examined and Approved:

Armando Mercado, Jr.
Armando Mercado, Jr.
Supervisor Signature

Form G-1012 (2/9/99)

Request for Leave or Approved Absence

1. Name (Last, first, middle)

MONTES, EUGENE Jr.

2. Employee or Social Security Number

464-25-6084

3. Organization

Department of Homeland Security/Customs & Border Protection/ Border Patrol

4. Type of Leave/Absence

Check appropriate box(es) and enter date and time below

- ☒ Accrued Annual Leave
☐ Accrued Annual Leave
☐ Advance Annual Leave

Date

From

To

Time

From

To

Total Hours

05/14/2009

05/22/2009

7:00 AM

3:00 PM

62.00

5. Family and Medical Leave

If annual leave, sick leave, or leave without pay will be used under the Family and

Medical Leave Act of 1993 (FMLA), please provide the following information:

Check appropriate box(es) and enter date and time below

- ☐ Accrued Sick Leave
☐ Accrued Sick Leave

Date

From

To

Time

From

To

Total Hours

☐ I hereby invoke my entitlement family and medical leave for:☐ Birth/Adoption/Foster care☒ Serious health condition of spouse, son, daughter, or parent☐ Serious health condition of self

Purpose:

☐ Illness/injury/incapacitation of requesting employee☐ Medical/dental/optical examination of requesting employee☐ Care of family member, including medical/dental/optical examination of family member, or bereavement☐ Care of family member with a serious health condition☐ Other

Date

From

To

Time

From

To

Total Hours

☐ Compensatory Time Off☐ Other Paid Absence
(Specify in Remarks)☐ Leave Without Pay

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. REMARKS:

7. Certification: I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. Employee signature

Eugene Montes, Jr.

7b. Date signed

05/22/2009

8a. Official action on request



Approved



Disapproved

(If disapproved, give reason. If annual leave, initiate action to reschedule.)

8b. Reason for disapproval

8c. Signature

Armando Mercado, Jr.

8d. Date signed

05/22/2009

Privacy Act Statement

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance of Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connections with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other, data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.